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Approved for use through 1/31/2007, OMB 0651-0032
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/542,435			ing Date 02/2006	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
FOR			NUMBER FI	LED NU	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
⊠	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A	150	ı	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A	1	N/A		ı	N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A]	N/A		ı	N/A	
TOTAL CLAIMS (37 CFR 1 16(i))			mir	nus 20 = *		1	x \$ = 1		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	X S =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE she is \$ add	ets of pap 250 (\$125 itional 50	specification and drawings exceed 100 so f paper, the application size fee due 50 (\$125 for small entity) for each onal 50 sheets or fraction thereof. See S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	150		TOTAL	L
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	03/07/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (S)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 6	Minus	20	= 0]	X \$26 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	- 0		X \$110 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		-		X \$ =		OR	x s =	
⊴	Independent (37 CFR 1 16(h))	•	Minus	***	-	l	x s =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))								l		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1 in the paid of the											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USF) process) an application. Confidentiality is governed by 35 USF. 1.28 and 37 CFR 1.14. This collection is estimated to beta 21 minutes to complete, including gathering preparing, and submitting the completed application form to the USFP10. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supposetions for reducing this burdon, should be sent to the Chief Information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commono. P.O. Box 1496, Alexandria, V. 2231-9. Box 100. DN KOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO TO Commissioner for Patients, P.O. Box 1490, Alexandria, V. 2231-3. Box 100. DN KOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO Commissioner for Patients, P.O. Box 1490, Alexandria, V. 2231-3. Box 100. DN KOT SEND FEES OR COMPLETED FORMS TO THIS